

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO. 493188 FILING DATE 1-28-00
APPLICANT/ST

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
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5	1					
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TOTAL IND.	3		1		1	
TOTAL DEP.	3					
TOTAL	6	REFEE	REFEE	REFEE	REFEE	REFEE

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL	122	REFEE	122	REFEE	122	REFEE